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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90138 007 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P36922

1. Corporation Name
JAFFA ROAD (FLORIDA) MANAGEMENT INC.



Principal Place of Business 205 N MARION P.O. BOX 1438 TAMPA FL 33602 US	Mailing Address C/O J. BOB HUMPHRIES, ESO. - FOWLER/WHITE P.O. BOX 1438 TAMPA FL 33601
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 100 E. Madison Suite, Apt. #, etc. 22 Tampa, FL 23 City & State 24 33602 25 USA 26 27 28 29 30	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/31/1991	4. FEI Number 59-3149602	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent HUMPHRIES, BOB J ESO FOWLER, WHITE, GILLEN, ET AL 501 E. KENNEDY BLVD., SUITE 1700 TAMPA FL 33602	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST JACOBS, FRANK 161 BAY STREET TORONTO, ONT., CANADA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, FRANK	1.2 NAME	
STREET ADDRESS	161 BAY STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ONT., CANADA	1.4 CITY-ST-ZIP	
TITLE	AS MACARTHUR, HUGH A 205 N. MARION STREET TAMPA FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACARTHUR, HUGH A	2.2 NAME	
STREET ADDRESS	205 N. MARION STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	AS HUMPHRIES, BOB J 501 E. KENNEDY BLVD. TAMPA FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMPHRIES, BOB J	3.2 NAME	
STREET ADDRESS	501 E. KENNEDY BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	CD JACOBS, FRANK 161 BAY STREET, BCE PL. TORONTO, ONT., CANADA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, FRANK	4.2 NAME	
STREET ADDRESS	161 BAY STREET, BCE PL.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ONT., CANADA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: 4/14/99 (813) Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: J. Bob Humphries

CR2E034 (11/98)

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